

CORPORATION NAME		
NUMBER AND STREET		
CITY OR TOWN, STATE, ZIP CODE		
MITS/MO I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER
<b>Check Applicable Boxes</b>		
<input type="checkbox"/> Name Change <input type="checkbox"/> Bankruptcy <input type="checkbox"/> 990C <input type="checkbox"/> Address Change <input type="checkbox"/> Accounting Period Change <input type="checkbox"/> 990T <input type="checkbox"/> Final Corporate Income Tax Return                      If yes, state prior accounting period _____		
<b>Attach copy of Federal Form 1120, Pages 1-4, or 1120A</b>		

<b>MAIL TO:</b> <b>Balance Due</b> Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365	<b>MAIL TO:</b> <b>Refund or No Amount Due</b> Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700
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<b>FORM MO-1120A</b>	
<b>Missouri Corporation</b> <b>INCOME TAX</b> <b>Return for 2003</b>	<b>Missouri Corporation</b> <b>FRANCHISE TAX</b> <b>Return for 2004</b>
Beginning _____, 20 ____	Beginning _____, 20 ____
Ending _____, 20 ____	Ending _____, 20 ____
<b>Balance Sheet Date (MMDDYY)</b>	
<input type="checkbox"/> A. Return filed for <b>BOTH</b> (income and franchise) <input type="checkbox"/> B. Return filed for <b>INCOME tax only</b> <input type="checkbox"/> C. Return filed for <b>FRANCHISE tax only</b>	

<b>Computation of Income Tax</b>	1. Federal Taxable Income ( <b>not less than zero</b> ) from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26) . . . . . 1	00
	2. Corporate income tax from Missouri deducted in determining federal taxable income (attach schedule) . . . . . 2	00
	3. Amount of any state income tax refund included in federal taxable income (attach schedule) . . . . . 3	00
	4. Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 6a and 11 OR 1120A, Part 1, Line 6 by 50% . . 4	00
	5. Missouri Taxable Income (Line 1 plus Line 2, less Lines 3 and 4) . . . . . 5	00
	6. Corporation Income Tax — 6.25% of Line 5 . . . . . 6	00
<b>Computation of Franchise Tax</b>	<ul style="list-style-type: none"> <li>• Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only</li> <li>• Corporations have all assets outside Missouri complete Lines 9b and 10c only</li> </ul>	
	7. Par value of issued and outstanding stock (For no-par value stock, see instructions) ( <b>not less than zero</b> ) . . . . . 7	00
	8. <b>Assets:</b> 8a. Total assets per attached balance sheet . . . . . 8a	00
	8b. Less: Investments in and advances to subsidiaries over 50% owned (Attach schedule showing name of corporation, percentage of ownership, and amount) . . . . . 8b	00
	8c. Adjusted total (Line 8a less Line 8b) . . . . . 8c	00
	9. Tax Basis:	
	9a. Corporations having all assets within Missouri (Line 8c or Line 7, whichever is greater) . . . . . 9a	00
	9b. Corporations having all assets outside Missouri and no assets apportioned to Missouri, enter zero . . . . . 9b	00
	<b>NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box <input type="checkbox"/>. You do not owe franchise tax. Enter zero in Line 10c.</b>	
	10. Tax Computation	
	10a. Tax — 1/30th of 1% (.000333 of Line 9a) . . . . . 10a	00
	10b. Short periods (for new corporations and change in accounting periods only) Line 10a x _____ (insert number of months in short period) = prorated tax due . . . . . 10b	00
	12	
	10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies) . . . . . 10c	00
<b>Credits/ Payments</b>	11. Total Corporate Income Tax and Franchise Tax Due — Line 6 plus Line 10c . . . . . 11	00
	12. Total Tax Credits (Attach Form MO-TC) . . . . . 12	00
	13. All tax payments (include payments with Form MO-7004 and approved overpayments from prior years) . . . . . 13	00
	14. Total — add Lines 12 and Line 13 . . . . . 14	00
<b>Refund or Tax Due</b>	15. If Line 14 is greater than Line 11, enter <b>OVERPAYMENT</b> here . . . . . 15	00
	16. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right. Place the total amount contributed on Line 16g. . . . . 16g	00
	<div style="display: flex; justify-content: space-between; font-size: small;"> <div>Children's </div> <div>Veterans </div> <div>Elderly Home Delivered Meals </div> <div>Missouri National Guard </div> <div>General Revenue </div> <div>Workers' Memorial </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>a</span><span>b</span><span>c</span><span>d</span><span>e</span><span>f</span> </div>	00
	17. Overpayment to be applied to next filing period . . . . . 17	00
	18. Overpayment to be refunded (Line 15 less Lines 16g and 17) . . . . . <b>REFUND</b> 18	00
	19. If Line 14 is less than Line 11, enter <b>UNDERPAYMENT</b> here . . . . . 19	00
	20. Enter total amount on Line 20. <span style="margin-left: 20px;"><b>Interest</b></span> <span style="margin-left: 20px;"><b>Penalty</b></span> <span style="margin-left: 20px;"><b>Form MO-2220</b></span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>\$</span><span>\$</span><span>\$</span> </div>	00
	21. <b>TOTAL DUE</b> (Add Lines 19 and 20) (U.S. funds only) . . . . . 21	00
<b>Signature</b>	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>           Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.         </div> <div>           I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.         </div> <div> <input type="checkbox"/> YES  <input type="checkbox"/> NO         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">SIGNATURE OF OFFICER (REQUIRED)</div> <div style="width: 20%;">TITLE OF OFFICER</div> <div style="width: 20%;">PHONE NUMBER (    )</div> <div style="width: 20%;">DATE SIGNED</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)</div> <div style="width: 20%;">PREPARER'S FEIN, SSN, OR PTIN</div> <div style="width: 20%;">PHONE NUMBER (    )</div> <div style="width: 20%;">DATE SIGNED</div> </div>	
	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div></div> <div></div> <div> <input type="checkbox"/> <b>S</b>  <input type="checkbox"/> <b>E</b>  <input type="checkbox"/> <b>B</b>  <input type="checkbox"/> <b>F</b> </div> <div><b>DOR ONLY</b></div> </div>	